Fermilab

# Radiation Exposure Evaluation for Declared Pregnant Workers

**Instructions and information for the declared pregnant radiological worker:**

1. By signing this form you are declaring your pregnancy. As a declared pregnant worker, you have several options. These options are detailed in Article 951 of the Fermilab Radiological Control Manual. Please select one of the options below that you would like to follow during your pregnancy.

   ❒ **Option 1** You may request a temporary reassignment to work in areas involving a lower potential for radiation exposure. If a transfer is recommended by the Medical Office and Radiation Safety, Fermilab shall make a reasonable attempt to find an assignment of equal pay and status.

   ❒ **Option 2** You may ask for a leave of absence. A leave of absence under such circumstances is subject to the requirements of the Personnel Policy Guide, as administered and interpreted by the Workforce Development and Resources Section.

   ❒ **Option 3** You may continue working at the same job assignment and reducing your dose to less than 500 mrem for the duration of your pregnancy, where practical, by using shielding, increasing distances from radiation sources and decreasing the amount of time spent in radiologically controlled areas.

   ❒ **Option 4** You may terminate employment at the Laboratory.

2. If you choose to continue performing radiological work, or working with radioactive sources, the following applies: The dose limit for the embryo/fetus from conception to birth is 500 mrem. Efforts will be made to avoid exceeding 50 mrem/month. **You must wear both a dosimetry badge and a pocket dosimeter while working in areas controlled for radiological purposes. Weekly pocket dosimeter readings must be recorded and forwarded to the appropriate radiation safety personnel or supervisor for dose tracking.**

3. You have the option of an additional dosimetry badge for fetal monitoring if your working conditions are such that the fetal dose might differ from your whole body dose.

4. An evaluation of your work area to assess the potential radiation dose to your unborn child during your pregnancy will be conducted. This evaluation will be documented on the back of this form. Authorized radiation safety personnel will make recommendations to you and your supervisor so that reasonable steps can be taken to minimize radiation dose to you and your unborn child.

   If the total estimated dose is determined to **exceed 500 mrem**, you shall not be assigned to tasks where additional occupational radiation dose is likely for the remainder of your pregnancy.

   If total estimated dose is determined to **approach 500 mrem**, it is recommended that you seek task reassignment for the remainder of your pregnancy.

5. You may revoke your declaration of pregnancy, in writing, at any time.

My signature also confirms my option choice as indicated above and provides consent to obtain the information required to perform the radiation exposure evaluation.

Declared Pregnant Worker _____ Date _____

I am revoking my declaration of pregnancy _____ Date _____

**TO BE COMPLETED BY DIVISION/SECTION/CENTER RADIATION SAFETY OFFICER OR DOSIMETRY PROGRAM CONTACT**

Declared Pregnant Worker Name: _____ Fermilab ID: _____

Division/Section: _____ Phone Ext: _____ Mail Station: _____

Email Address: _____

Estimated Due Date: _____

Total weeks remaining in pregnancy (# of weeks between declaration date and due date): _____

Total estimated (or actual if known) occupational radiation dose prior to declaration: _____

Radiation Exposure Evaluation:

| Work Area(s) | Area Posting | Occupancy Time (hrs/wk) | Average Area Dose Rate (mrem/hr) | Estimated Weekly Dose (mrem) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total estimated occupational radiation dose during pregnancy: _____

**Fetal monitor requested?** Yes ☐ No ☐

RSO Comments: (Attach additional sheets if necessary)

**Forward the original completed evaluation form, and other supporting documentation to the ES&H Section Dosimetry Program Manager (MS 119).** Send copies of the form to the Declared Pregnant Worker, and the Fermilab Medical Department (MS 204).

RSO Signature: _____ ID # _____ Date: _____

Reviewed by Declared Pregnant Worker: _____ Date: _____

Concurrence of Dosimetry Program Manager: _____ Date: _____

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